

Application No. 10/082,643  
Amendment Dated December 4, 2006  
Reply to Notice of Non-Compliant Amendment dated November 24, 2006  
and to Final Office Action of August 8, 2006

### REMARKS

In response to the Notice of Non-Compliant Amendment mailed November 24, 2006, the Applicants have included the appropriate status identifier for claim 10. Accordingly, the Applicants respectfully submit that the following amendment is now compliant with the rules. The Applicants herewith included the claim amendments as filed with the Office Action response and Request for Continued Examination on November 8, 2006, as well as the identical remarks below.

Applicants respectfully request further examination and reconsideration in view of the arguments set forth fully below. In the Final Office Action mailed August 8, 2006, claims 1-27 have been rejected. In response, the Applicants have submitted the following remarks and amended claims 1, 8, 12, 17 and 23. Accordingly claims 1-27 are still pending. Favorable reconsideration is respectfully requested in view of the amended claims and the remarks below.

#### Rejections Under 35 U.S.C. §102

Claims 1-27 have been rejected under 35 U.S.C. §102(e) as being anticipated by U.S. Patent No. 6,322,504 Kirshner (hereinafter Kirshner). The Applicants respectfully disagree with this rejection.

Kirshner teaches an interactive computerized method and system for determining the risk of developing a disease, consequences of the disease, providing ways of modifying the risk, and tracking the progress of an individual as his or her risk factors change or remain the same (Kirshner, abstract). The method and system gathers responses to questions from a patient pertaining to risk factors for the selected disease and determines the risk of the individual patient developing the disease or the associated consequences of having the disease using the responses to the questions and a set of practice guidelines for that disease. The system and method of Kirshner transmits a

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summary of positive risk factors and risk modification information to the individual and tracks the changes in the responses and the positive risk factors of the individual over time (Kirshner, abstract).

However, Kirshner does not teach comparing the at least one parameter value of the biomedical signal with all corresponding parameter values stored in a database, wherein all of the corresponding parameter values include collected parameter values from a plurality of additional patients, and not just the subject patient's data.

In contrast to the teachings of Kirshner, the method and system of the present invention determines the likelihood of the presence of a condition of a patient's heart by comparing the at least one parameter value of a biomedical signal of the patient to all corresponding parameter values stored in a database. The database of the present invention stores parameter values of ECGs (biomedical signals) of a large number of patients, and compares those parameter values to the subject patient's parameter value to calculate a probability of the presence of a condition of that patient's heart (present invention, paragraphs 21-22).

The independent claim 1 is directed to a method for determining the presence of a condition of a patient's heart, the method comprising the steps of reading at least one parameter value of a bio-medical signal of a patient, and determining the likelihood of the presence of a condition of a patient's heart based on the at least one parameter value, the step of determining including the step of comparing the at least one parameter value of the bio-medical signal with all corresponding parameter values stored in a database, wherein all corresponding parameter values in the database are collected from a plurality of patients. As described above, Kirshner does not teach the step of determining including the step of comparing the at least one parameter value of the biomedical signal with all corresponding parameter values stored in a database, wherein all corresponding parameter values in the database are collected from a plurality of patients. For at least these reasons the independent claim 1 is allowable over the teachings of Kirshner.

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Claims 2-7 are dependent upon the independent claim 1. As discussed above, the independent claim 1 is allowable over the teachings of Kirshner. Accordingly, claims 2-7 are also allowable as being dependent upon an allowable base claim.

The independent claim 8 is directed to a method determining the presence of a condition of a patient's heart, comprising the steps of entering at least one parameter value of a ECG of a patient, comparing at least one parameter of the ECG of a patient with all corresponding parameter values stored in a database, calculating a comparison result associated with a condition relating to the corresponding parameter values stored in the database, wherein all corresponding parameter values in the database are collected from a plurality of patients, and calculating a probability value representing the likelihood of the presence of a condition based on the comparison result. As described, Kirshner does not teach the step of calculating a comparison result associated with a condition relating to the corresponding parameter values stored in the database, wherein all corresponding parameter values in the database are collected from a plurality patients. For at least these reason, the independent claim 8 is allowable over the teachings of Kirshner.

Claims 9-11 are dependent upon the independent claim 8. As discussed above, the independent claim 8 is allowable over the teachings of Kirshner. Accordingly, claims 9-11 are also allowable as being dependent upon an allowable base claim.

The independent claim 12 is directed a computer program for performing the steps of a method for determining the presence of a condition of a patient's heart, the method comprising the steps of reading at least one parameter value of a bio-medical signal of a patient, and determining the likelihood of the presence of a condition of a patient's heart based on the at least one parameter value of the bio-medical signal with all corresponding parameter values stored in a database, wherein all corresponding parameter values in the database are collected from a plurality of patients. As described above, Kirshner does not teach the step of determining, including the step of comparing the at least one

parameter value of the biomedical signal with all corresponding parameter values stored in a database, wherein all corresponding parameter values in the database are collected from a plurality of patients. For at least these reasons, the independent claim 12 is allowable over the teachings of Kirshner.

Claims 13-16 are dependent upon the independent claim 12. As discussed above, the independent claim 12 is allowable over the teachings of Kirshner. Accordingly, claims 13-16 are also allowable as being dependent upon an allowable base claim.

The independent claim 17 is directed to a system comprising a server, a computer program stored on the server for performing a method for determining the presence of a condition of a patient's heart, the method comprising the steps of reading at least one parameter value of a biomedical signal of a patient, and determining the likelihood of the presence of a condition of a patient's heart based on the at least one parameter value, the step of determining including the step of comparing the at least one parameter value of the bio-medical signal with all corresponding parameter values stored in the database, wherein all corresponding parameter values in the database are collected from a plurality of patients, and a client and a web browser stored thereon for enabling a user to access the computer program. As described above, Kirshner does not teach the step of determining including the step of comparing the at least one parameter value of the biomedical signal with all the corresponding values stored in a database, wherein all corresponding parameter values in the database are collected from a plurality of patients. For at least these reasons, the independent claim 17 is allowable over the teachings of Kirshner.

Claims 18-22 are dependent upon the independent claim 17. As discussed above, the independent claim 17 is allowable over the teachings of Kirshner. Accordingly, claims 18-22 are also allowable as being dependent upon an allowable base claim.

The independent claim 23 is directed to a system comprising means for reading at least one parameter value of a biomedical signal of a patient and means for determining the likelihood of the presence of a condition of a patient's heart based on the at least one

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parameter value, the means for determining including means for comparing the at least one parameter value of the biomedical signal with all corresponding parameter values stored in a database, wherein all corresponding parameter values in the database are collected from a plurality of patients. As described above, Kirshner does not teach the means for determining including means for comparing the at least one parameter value of the biomedical signal with all corresponding parameter values stored in the database, wherein all corresponding parameter values in the database are collected from a plurality of patients. For at least these reasons, the independent claim 23 is allowable over the teachings of Kirshner.

Claims 24-27 are dependent the independent claim 23. As discussed above, the independent claim 23 is allowable over the teachings of Kirshner. Accordingly, claims 24-27 are also allowable as being dependent upon an allowable base claim.

For these reasons, Applicants respectfully submit that all of the claims are now in a condition for allowance, and allowance at an early date would be appreciated. Should the Examiner have any questions or comments, they are encouraged to call the undersigned at 414-271-7590 to discuss the same so that any outstanding issues can be expeditiously resolved.

Respectfully submitted,

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